

Section 1

Housing and Homeless Needs Assessment

General Information

The US Census 2000 reported The City of Norfolk's population as 234,403, which is a 10% decrease of since the 1990 census count. The population estimate for 2002 in the City of Norfolk, provided by the Weldon Cooper Center for Public Service at the University of Virginia, is 237,000, which is the most current and stable estimate to date.

TABLE 1. POPULATION CHANGE: 1990 TO 2000

Population	1990	2000	Percent Change 1990 to 2000	Percent of 1990 persons	Percent of 2000 persons
Non-Hispanic					
White alone	145,136	110,221	-24.1%	56%	47%
Black alone	100,966	102,268	1.3%	39%	44%
American Indian alone	1,070	971	-9.3%	0%	0%
Asian and Pacific Islander alone	6,177	6,697	8.4%	2%	3%
Some other race alone	269	483	79.6%	0%	0%
Two or More Races	NA	4,848	NA	NA	2%
Hispanic	7,611	8,915	17.1%	3%	4%
Total Population	261,229	234,403	-10.3%	100%	100%
Household Population	228,197	211,114	-7.5%	87%	90%
Non-household Population	33,032	23,289	-29.5%	13%	10%
Persons aged 18 to 24	56,925	42,683	-25.0%	22%	18%
Special Categories:					
Persons in the Armed Forces	43,583	27,238	-37.5%		
Persons Enrolled in College	20,361	19,085	-6.3%		

Because the region is a military hub, the City of Norfolk has a large proportion of its population in the 18 to 24 year-old age bracket. It also has a substantial number of college students, with the presence of Old Dominion University, Norfolk State University, the Eastern Virginia Medical School, and the Norfolk campus of Tidewater Community College, which opened two years ago. However, with the downsizing of the military that occurred in the 1990's this population group has decreased slightly, from 22% of the population in 1990 to 18% in 2000.

The City of Norfolk is one of the most diverse racial and ethnic cities in the metropolitan region. Table I shows that while the overall population decreased during the 1990s, the percentages of minority population increased. The largest increases in minority populations were Hispanics

(17%), and Asian and Pacific Islanders (8%). The largest minority group, Blacks, increased slightly (1%), while Native Americans decreased (-9%).

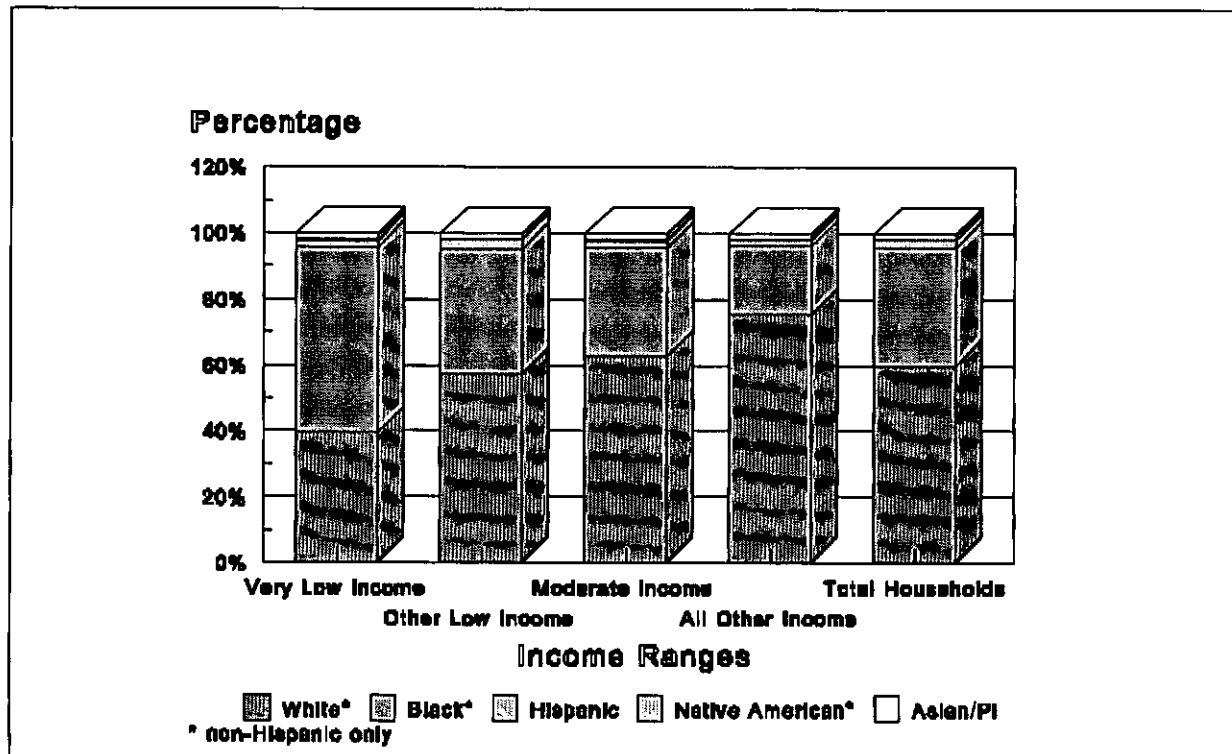
Categories of Persons Affected

Housing needs can be estimated by the number and type of families in need of housing assistance with incomes ranging from extremely low-income, low-income, moderate-income, and middle-income, renters and owners, elderly and single persons, large families, persons with HIV/AIDS, and persons with disabilities. The following is a series of tables that illustrate the cost burden for each of these categories.

The City of Norfolk has the lowest incomes out of other cities in the metropolitan area. One of the main contributing factors is the large number of single person and student households. Information regarding income by race is shown in Table II. Please note that Table II is based on 1990 Census data as provided in a special tabulation by HUD. HUD has not provided an updated data based upon the 2000 Census.

TABLE 2. DISTRIBUTION OF HOUSEHOLD INCOME BY RACE

Households	Total Households 1990	% of Total Households	% Very Low Income 0-50% MFI	% Other Low Income 51-80% MFI	% Moderate Income 81-95% MFI	% Above 95% MFI
White (non-Hispanic)	53,677	60.01%	19.29%	20.40%	9.00%	51.31%
Black (non-Hispanic)	32,108	35.90%	45.84%	22.68%	7.90%	23.59%
Hispanic (all races)	1,781	1.99%	30.10%	27.85%	9.55%	32.51%
Native American (non-Hispanic)	387	0.43%	40.83%	20.16%	3.88%	35.14%
Asian/ Pacific Islanders (non-Hispanic)	1,456	1.63%	26.10%	21.50%	9.48%	42.93%
All Households	89,443	100.00%	29.24%	21.37%	8.60%	40.75%



An important consideration is the proportion of income a household spends for shelter. By use of the specially tabulated HUD data (formerly Table 1C in the 1994 CHAS), it is possible to estimate cost burden by household. This data is shown in Table III. Please note that the data in Table III is based on the 1990 Census— HUD has not provided an updated data based upon the 2000 Census. Due to the City of Norfolk's excessive cost burden and the limited number of resources available to provide relief/assistance for very low and low income persons, only incremental change is expected in the housing needs profile over the next five years.

The general standard is that households pay no more than 30% of income on housing costs. Paying more than 30% is defined as excessive cost burden. Reviewing the impact of cost burden on differing groups is important to determine if there are disproportionate impacts that may require differences in strategy. HUD defines a disproportionate share of need as particular ethnic groups that have more than an absolute 10% points difference from the expected value.

TABLE 3. HOUSING ASSISTANCE NEEDS

Household by Type, Income, and Problem	Renters					Owners			
	Elderly 1&2 Person	Small Related 2 to 4 Person	Large Related 5+ Person	All Others	Total Renter	Elderly	All Others	Total Owner	Total Households
Extremely Low Income <30% MFI	2,753	4,574	1,517	2,986	11,830	1,563	976	2,539	14,369
% Problem	65.75%	74.16%	84.25%	79.50%	74.84%	77.86%	85.14%	80.66%	75.87%
Cost >30%	64.95%	70.73%	65.06%	79.17%	70.79%	77.86%	84.43%	80.39%	72.25%
Cost >50%	47.55%	61.70%	53.33%	71.27%	59.73%	0.00%	65.88%	54.79%	58.86%
Low Income 31-50% MFI	1,367	3,875	950	2,297	8,509	1,987	1,284	3,271	11,780
% Problem	71.69%	86.84%	71.37%	90.99%	83.59%	38.00%	72.90%	51.70%	74.74%
Cost >30%	70.96%	85.11%	56.42%	90.99%	81.02%	37.70%	69.47%	50.17%	72.45%
Cost >50%	26.12%	22.17%	15.79%	42.53%	27.54%	16.16%	38.01%	24.73%	26.76%
Moderate Income 51-80% MFI	1,202.00	6,453.00	1,604.00	3,560.00	12,819.00	2,479.00	3,830.00	6,309.00	19,128.00
% Problem	53.83%	45.58%	57.11%	50.00%	49.02%	20.05%	58.59%	43.44%	47.18%
Cost >30%	53.41%	40.35%	21.76%	48.09%	41.40%	19.81%	54.86%	41.08%	41.30%
Cost >50%	3.00%	1.77%	1.00%	3.82%	2.36%	5.08%	17.28%	12.49%	5.70%
Middle Income 81-95% MFI	311	1,916	342	8,584	4,153	1,085	2,467	3,552	7,705
% Problem	15.11%	12.37%	35.96%	17.49%	16.47%	10.05%	45.03%	34.35%	24.71%
Cost >30%	9.97%	5.74%	1.75%	14.90%	9.22%	10.05%	41.14%	31.64%	19.56%
Cost >50%	0.00%	0.52%	0.00%	1.07%	0.65%	2.67%	4.42%	4.08%	2.14%
Total Households	6,538	22,239	5,162	15,505	49,444	12,714	27,285	39,999	89,443
% Problem	54.25%	45.60%	61.66%	43.57%	47.79%	22.31%	28.66%	26.64%	38.33%
Cost >30%	53.44%	41.88%	36.38%	42.29%	42.96%	22.02%	26.18%	24.86%	24.87%
Cost >50%	26.03%	17.11%	18.88%	21.04%	19.71%	9.77%	7.42%	8.17%	14.55%

Table III indicates that approximately 75-76 percent of the extremely low- and low-income households in Norfolk have a housing problem. This is twice as likely as other housing problems noted for all Norfolk households. It is not surprising, that about 95 percent of these households have affordability problems (i.e. paying more than 30 percent of their income for housing). Severe cost burdens (defined as paying more than 50 percent of income for housing) is more than double of the cost burden for those households with incomes less than 30 percent of the median family income as with those households whose cost burden is between 31 and 50 percent of the median family income. Black households are disproportionately represented in this group and thus have relatively greater needs. While there is variation among other racial/ethnic groups, the relatively small size of the groups (<2%) means that any variation is less than five percentage points of the expected value.

Among low and extremely low income households, renters have the greatest absolute need (about four times that of owners), specifically small related households. Other households (primarily single person households) also had high relative numbers. Next came large and elderly households with approximately the same numbers of households with housing problems. Among owners at this income level, elderly households with housing problems were the greatest number.

The data indicates that approximately 47% of other low or moderate income households have housing problems. This is about 1/3 more likely than for all Norfolk households. 87% of this group has affordability problems defined as housing costs >30% of income. However, the severe cost burden problem is much less than for the very low income group (between 1/5 and 1/10 the problem). There do not appear to be any disproportionate needs by racial/ethnic groups in this income range.

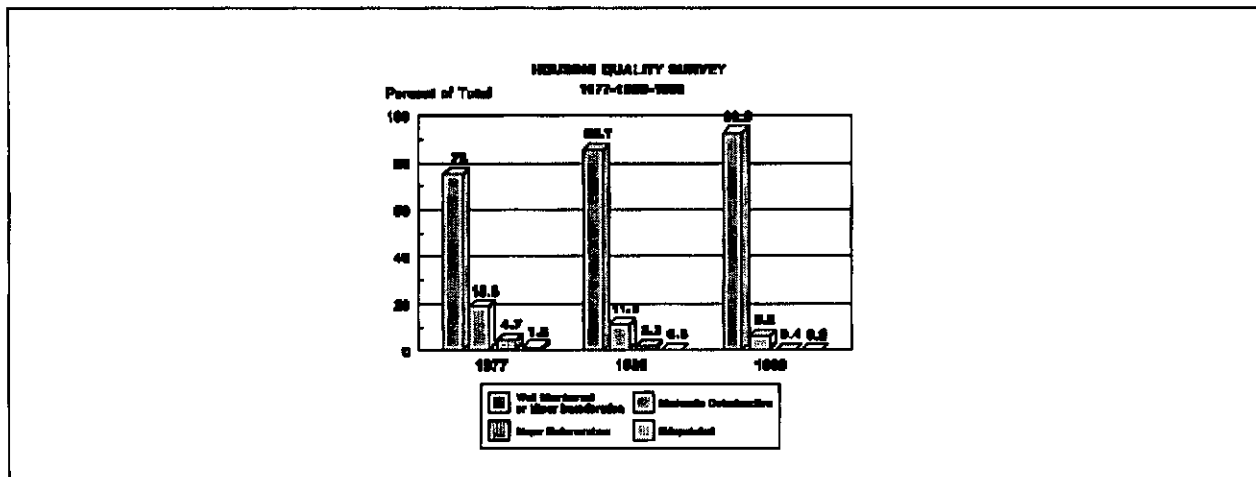
About twice as many renter households have housing needs in this income category as do owner households. For renters, the same ranking of household types with housing needs holds true as with the very low-income persons (i.e., small related, then all other, then elderly and large together) For homeowners, elderly households have absolutely 1/5 the problems of all other owners.

Approximately 25 percent of moderate-income households in Norfolk have housing problems. This is about 2/3 less likely than for all Norfolk households. Eighty percent of these households have an affordability problem (>30% income paid for housing), and very few have severe housing cost burdens (about 1/10 of this number).

There do not appear to be any disproportionate needs by racial/ethnic group in the moderate income range. In this income range homeowners have a greater absolute need than renters (about 3 times more). Both homeowners and non-elderly households represent about 90% of the need.

(Note: the City of Norfolk no longer conducts housing quality surveys.) The quality of Norfolk's housing stock, based on surveys conducted in 1977, 1986, and 1989, has improved, with the percentage of dilapidated structures declining from 1.6 percent of the stock in 1977 to 0.2 percent in 1989 (see Figure 4). Housing quality categories utilized in these surveys are defined as follows:

Well Maintained	No readily apparent problems.
Minor Deterioration	Easily repairable problems with minimum amounts of money (peeling paint, dented or rusted gutters, cracked windows, etc.).
Moderate Deterioration	More numerous and extensive problems of the same sort as those defined as minor (rotting windows and fascia boards, unsafe porches, etc.).
Major Deterioration	Foundation problems and more serious defects. Economically feasible rehabilitation unlikely unless structure is of very substantial construction.
Dilapidated	Obviously unfit for habitation and not economically feasible for rehabilitation.



Although methodologies used for each of these surveys may have differed, overall housing quality trends indicate that housing quality has improved over this time period. However, coupled with this progress in housing quality is the threat imposed by the aging of the housing stock. According to the 2000 Census states that the median/average year housing structures were built in Norfolk was 1959. Thus, the average house is approaching 44 years of age, a time where maintenance and rehabilitation becomes critical.

Homeless Needs

The City of Norfolk is a member of the Norfolk Homeless Consortium, an interagency collaboration of agencies and individuals that provide services, advocacy, information and leadership for Norfolk's homeless population. The City of Norfolk participates in the development of the Continuum of Care statement that is annually provided to the Department of Housing and Urban Development. The Analysis of Needs Statement from the approved 2002 statement is incorporated here to provide information on the variety of needs of the homeless, sheltered and unsheltered, in Norfolk.

In January 2002, a Point-in-Time count was conducted over a 24-hour period in Norfolk. This count included persons seeking food, emergency medical and other assistance, social service benefits and shelter. The totals were as follows:

Individuals – 518

Persons in Families with Children - 243

Race was not recorded during the Point-in-Time count but race was recorded for clients requesting assistance through the Homeless Prevention Program. The racial breakdown for clients in 2002 were as follows:

80% African American

16% White

4% Other

Estimates regarding the need for facilities/services for homeless:

Long-term priorities deemed urgent by the Norfolk Homeless Consortium include:

Permanent housing (a maximum of \$400 per month for a two-bedroom apartment)

- ☐ Single men, 150 units, half of which (75) are permanent supportive housing.
- ☐ Single women, 150 units, half of which (75) are permanent supportive housing.
- ☐ Families, 675 units. One-third of new permanent housing units for families should be permanent supportive housing, such as Shelter Plus Care (225 units).

Comprehensive Day Services for individuals (assistance with benefits and linkage with appropriate agencies for needed services, as well as obtain a meal, shower, laundry services, etc.)

Emergency shelter services for single/single pregnant women who are not victims of domestic violence, 50 beds

Residential Substance Abuse Treatment

Transitional housing (service-based, beyond 30-day stays); 10% of all new transitional housing units should be available for people with disabilities or special needs.

Families, 75 units

Men, 75 units or beds

Women, including pregnant women, 50 units or beds

Mental Health Services (medication assistance, case management for non-Seriously Mental Ill, psychiatric care)

Other needs and services:

Comprehensive case management (including long-term)

Homeless Prevention Programs

Medical prescriptions and supplies (non-narcotic and non-psychotropic)

Legal Aid (funding for one full-time lawyer to help homeless with non-criminal issues)

Life Skills (including Aftercare programs that offer vocational skills training, budgeting and counseling for up to one year after leaving shelter care).

Website for Norfolk Homeless Consortium (information sharing and links for finding services)
Homeless Management Information Systems database

TABLE 4. CONTINUUM OF CARE: GAPS ANALYSIS FOR NORFOLK JANUARY 2003

		Estimated Need	Current Inventory	Unmet Need/Gap
Individuals				
Beds/Units	Emergency shelter	297	211	86
	Transitional Housing	166	94	72
	Permanent Supportive Housing	55	19	36
	Total	518	324	194
Supportive	Job Training	88	28	60
Services	Case Management	217	97	120
Slots	Substance Abuse Treatment	91	39	52
	Mental Health Care	83	31	52
	Housing Placement	116	26	90
	Life Skills training	98	45	53
	Drop-in Services	73	36	37
	Employment Assistance	84	50	34
Sub-	Chronic Substance Abusers	144	34	110
Populations	Seriously Mental Ill	72	31	41
	Dually-Diagnosed	50	36	14
	Veterans	41	30	11
	Persons with HIV/AIDS	60	30	30
	Victims of Domestic Violence	28	13	15
	Youth	N/A	N/A	N/A
	Correctional Facility Releasee	32	10	22
	Physical Disabilities	8	2	6
	Mental Retardation	6	2	4
Persons	In Families w/children			
Beds/Units	Emergency shelter	149	87	62
	Transitional Housing	58	41	17
	Permanent Supportive Housing	36	19	17
	Total	243	147	96
Supportive	Job Training	40	11	29
Services	Case Management	49	41	8
Slots	Child Care	40	31	9
	Substance Abuse Treatment	22	5	17
	Mental Health Care	42	34	8
	Housing Placement	50	6	44
	Life Skills training (parents)	48	40	8
	Employment Assistance	43	32	11
Sub-	Chronic Substance Abusers	10	9	1
Populations	Seriously Mentally Ill	9	8	1
	Dually-Diagnosed	1	1	0
	Veterans	3	2	1

		Estimated Need	Current Inventory	Unmet Need/Gap
	Persons with HIV/AIDS	0	0	0
	Victims of Domestic Violence	31	25	6
	Homeless Children	Not avail	Not avail	Not avail
	Physical Disabilities	9	9	0

Other Special Needs

Assisted Housing

Information regarding waiting lists for assisted housing was provided by the Norfolk Redevelopment and Housing Authority. There are waiting lists for public housing and Section 8. As of February 2003 there were 2,298 households on the public housing waiting list distributed as follows:

1 Bedroom	651
2 Bedrooms	1,214
3 Bedrooms	322
4 Bedrooms	101
5 Bedrooms	7
6 Bedrooms	3

On the waiting list are there are 1,647 families with children and 47 elderly households. A total of 2,016 families earn less than 30% of the area median income. Public housing applicants wait an average of one year for occupancy in family communities, and for mid-rise housing for the elderly and handicapped the average wait is approximately fifteen months.

There are currently 721 families on the Section 8 tenant-based assistance waiting list. Of these, 560 families earn less than 30% of the area's median income. There are 512 families with children, three that are elderly households, and 81 with a disabled household member.

Elderly

The elderly who do not have a need for supportive services would primarily be served through housing aimed at the general population. The 2000 U.S. Census counted 25,532 total elderly persons in Norfolk, which is a decrease from 27,458 in 1990. Of these elderly residents, 47% were identified as being disabled (State average 42%). Of the 135 cities and counties in the State of Virginia, Norfolk was ranked 44th in the category of elderly disabled households. Norfolk's elderly disabled population is comprised of persons diagnosed with long-lasting conditions such as blindness, deafness, severe vision or hearing impairment. Other conditions include physical, mental or emotional conditions lasting six months or more creating difficulty in learning, remembering, concentrating, dressing, bathing, and going outside of the home to shop or visit a doctor's office. In most cases, these conditions limit their ability to walk, climb stairs, reach, and lift or carry (*The Virginia Pilot* A10:07/13/02). Between July 1, 2001 and June 30, 2002, Norfolk Social Service provided supportive services (i.e., Companion Care, Persons Care Support, Adult Family Care Placement, and Adult Protection Investigations) to 675 elderly persons age 60 and older.

According to the 2000 Census, approximately 48% of the elderly population lived in group quarters. Approximately 21.9% of all head of households in Norfolk were elderly. The following table identifies the proportion of various types of households that were headed by persons 65 years of age or older. Norfolk's Median Family Income is \$36,891 (per capita income \$17,372). Of Norfolk's elderly population (8,276), 13.2% live below the poverty level (*Census 2000*). A third of those are on a fixed income paying over 50% of their income toward the costs of housing (rent and utilities), resulting in a severe cost burden. Compounding the problem of housing affordability is the out-of-pocket cost for prescription drugs and other essential medical needs such as physical exams and counseling.

TABLE 5. ELDERLY HOUSEHOLDS

	Total	Percent of total persons	Age 65 and Older	Percent of persons aged 65 and older	Age 75 and Older	Percent of persons aged 75 and older
Population	234,403		25,532		12,553	
Male	119,830	51.1%	9,838	38.5%	4,495	35.8%
Female	114,573	48.9%	15,694	61.5%	8,058	64.2%
Persons in Group Quarters	23,289	9.9%	1,230	4.8%		
Total Households by Household Size and Type	86,210		18,877		9,835	
Single Person Households	26,003	30.2%	8,276	43.8%	4,776	48.6%
Male	12,172	14.1%	2,196	11.6%	NA	NA
Female	13,831	16.0%	6,080	32.2%	NA	NA
Two or More Person Households	60,207	69.8%	10,601	56.2%	5,059	51.4%
Family Households	51,915	60.2%	10,024	53.1%	4,827	49.1%
Non-Family Households	8,292	9.6%	577	3.1%	232	4.9%
Total Occupied Housing Units By Age of Head of Household	86,210		17,173		8,629	
Renter Occupied	46,972	54.5%	5,075	29.6%	2,471	28.6%
Owner Occupied	39,238	45.5%	12,098	70.4%	6,158	71.4%

TABLE 6. CHANGE IN THE ELDERLY POPULATION

	1980	1990	2000
Total population	266,979	261,229	234,403
Persons Aged 65 and over	24,475	27,458	25,532
Percent of Total	9.2%	10.5%	10.9%
Persons Aged 75 and over	9,066	10,755	12,553
Percent of Total	3.4%	4.1%	5.4%

This data shows that elderly households have higher home ownership rates than the rest of the population (70% home ownership for the elderly compared to 45.5% overall) and are more often in single person households.

Maps showing the locations of the elderly are found in the map section. The largest concentration of elderly population is in the Wards Corner area of the City. However, in terms of percentage of households occupied by the elderly, there are three distinct concentrations where more than 30% of the households are elderly. These are the Wards Corner area southward to Lakewood and Roland Park, including the adjacent area of Sewells Gardens; a second concentration in the East Little Creek area of North Camellia Acres, Bel Aire and Tarrallton/Wedgewood; and a third concentration in Southside (Berkley and Campostella Heights). The areas with the lowest proportion of elderly population and households are East Ocean View, Cottage Line, Willoughby, the Naval Base, North Colley, and Crown Point.

The area agency on aging, Senior Services of Southeastern Virginia, formerly known as the Southeastern Virginia Area-wide Model Agency or SEVAMP, has identified through a survey of its Planning Advisory Committee members four areas of services needed by elderly persons in the region. These are listed below by the group.

- Long Term Care: Respite for caregivers; retention and quality of CAN's in long term care settings in the community; family involvement with parental care and elderly home care, e.g., senior companion and homemaker services. Long term care insurance in preparation for aging versus total dependence on Medicaid was also a strong issue.
- Transportation: Not being to keep doctor appointments, attend congregate nutrition sites, shopping trips, and participating in recreational activities is a major problem of the elderly and transportation is in short demand in all jurisdictions.
- Prescriptions: The rising costs of prescription drugs makes medicines unaffordable for many of the elderly. The need to promote awareness of special programs such as the Pharmacy Connection should be broadened. Exploration of other sources of help should be pursued.
- Outreach: The need for informational materials on all aspects of aging for the elderly and their families is crucial. The need for an informational campaign waged throughout all communities is essential. Must identify and inform church ministries of their jurisdiction's needs and request their assistance.

The Norfolk branch for the Senior Services of Southeastern Virginia reported receiving, on average, 5 to 6 weekly requests for information identifying affordable-accessible housing resources from elderly headed families.

The types of housing and services needed to stabilize elderly disabled households are similar to other special needs populations. Also discussed above, there is the need to provide "Housing-Based" services to elderly disabled persons to remain independent in their own homes for as long as possible. Housing-based services are less expensive and less intensive than placement in an institutionalized setting. Types of services identified as a need include nutritional services, geriatric day care, personal care, companion care services, adult family care placement, assistance with daily adult living skills (ADL), homemaker assistance (help with routine household chores, and transportation. Other identified services needed include home maintenance (ex: weatherization and routine repair services). As an elderly disabled person ages, the need for structural change may be required. These structural changes may include retrofitting existing units with stair lifts or ramps, widening doorways, adding grab bars in showers and tubs, and modification of appliances and electrical controls for easier accessibility and usage (*Commonwealth of Virginia Consolidated Plan 2001-2003*).

Persons with HIV/AIDS.

The City of Norfolk is within the Norfolk-Newport News-Virginia Beach Eligible Metropolitan Area (EMA's). As of December 31, 2001, the estimated EMA number of persons living with HIV/AIDS was 2,991, and the estimated EMA number of persons living with AIDS was 2,142. Based on reports to the Center for Disease Control, the number of cumulative AIDS cases in the EMA as of December 2001 was 4,655 and the number of HIV cases totaled 5,601. Men were 79.1% of the total number of AIDS cases and 73.1% of the total number of HIV cases

The Norfolk Eligible Metropolitan Area receives (HOPWA) funds, Housing Opportunities for Persons with AIDS. These funds are administered by the City of Virginia Beach. During Fiscal Year 2002, the EMA was projected to receive a total of \$1,111,410 in Federal Funding to be awarded to eligible agencies. The EMA also receives funds under Title 1 of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, as reauthorized. For Federal Fiscal Year 2003, which covers March 1, 2003 through February 28, 2004, the EMA is projected to receive \$4.9 million.

In July 1999, the Norfolk EMA planning committee undertook a survey of consumers and providers of services for persons with HIV/AIDS. Out of the 1,000 consumers surveys distributed, only 180 persons responded. Sixty-four percent of the respondents were black, twenty-eight percent were white, and the remaining eight percent were other races. Questions regarding housing were included in the consumer survey. Homelessness and other housing related concerns were identified. Eighteen percent reported unstable housing situations, and eleven percent reported being homeless.

Developmentally Disabled/Mentally Ill/Alcohol and Substance Abusers

The following information was provided by the Norfolk Community Services Board (Norfolk CSB). The Norfolk CSB is the agency responsible for providing mental health, mental retardation, and substance abuse services to residents of the City of Norfolk. The Norfolk Community Services Board is licensed by the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) to provide services.

During fiscal year 2002, the Norfolk Community Services Board delivered direct treatment and case management services to 3,539 mentally ill and 4,147 substance abusers. Of these, a total of 86 mentally ill and 47 substance abusers identified themselves as homeless.

Recent survey data indicate that as many as 80% of individuals with mental illnesses are unemployed. In most cases, the sole income for mentally ill individuals who are unemployed is usually Supplemental Security Income (SSI), which provides an annual income of \$4,884.00. This income level falls a full 1/3 below the level defined as very low income. Calculating 30% of monthly income for housing expense, these individuals could apply only \$122 per month toward housing costs. A survey by the University of Vermont on the housing burden for persons receiving SSI showed that no individual receiving SSI could afford to live in any county in the United States, when affordability is defined as paying 30% of income for housing. (Paul Carling, Ph.D., Center for Change, University of Vermont, 1991).

In fiscal year 2002, 872 mentally retarded individuals received direct services through various programs of the Community Services Board. This population seems to have a stronger support structure existing beyond any programmatic services that are provided. Many mentally retarded individuals are cared for at home by family and relatives. Respite services for these families comprise much of the direct service needs. *The future will bring on a different scenario*, however, as families and parents reach their senior years, more direct housing and supportive needs will be required to assure continued affordable care in residential settings.

Disabled

Providing a numerical estimate of the housing needs of the disabled population is not possible with existing data. However, the experiences of the Endependence Center, an advocacy organization for the disabled located within the City of Norfolk provides significant information on the housing needs of this population. The Endependence Center indicated that, based upon their experiences, the cost and availability of housing for the disabled is a problem. Many adults would like to live independently, but the cost of housing forces them to live at home with parents or to double up with others. The supply of accessible units is limited and many times abled-bodied individuals or households occupy these units.

Endependence Center staff also commented on the difficulties currently being experienced in elderly housing developments that have young disabled residents. Norfolk, like many cities, is experiencing an increase in the number of the young disabled, primarily as a result of life-style behaviors. The differing needs of these groups may require other housing options in the near future.

Well over ninety-five percent (95%) of persons receiving assistance from the Endependence Center are living on fixed incomes that fall within the extremely low-income classification of nine percent (9%) of HUD's estimated American Family Income for fiscal year 2003.

Lead-Based Paint Hazards

As an older inner city, Norfolk also has a significant lead based paint environmental hazard problem. Based on information from the HUD Data Book, the following table has been put together to estimate the lead-based paint hazards in the City of Norfolk. Note that this table is based on the 1990 Census data.

TABLE 7. ESTIMATE OF 1990 NORFOLK HOUSING UNITS WITH LEAD-BASED PAINT

Period	Total	%	Very Low	%	Other Low	%	Total Low	%
RENTERS								
< 1940	6,182	15.56%	2,420	17.51%	3,118	13.73%	5,538	15.20%
1940 < 1960	16,114	40.55%	6,277	45.43%	8,552	37.66%	14,839	40.60%
1960 < 1980	17,444	43.90%	5,121	37.06%	11,038	48.61%	16,159	44.40%
Total Renter	39,740	52.51%	13,818	34.77%	22,708	57.14%	36,526	91.90%
		(of total)		(of renters)		(of renters)		(of renters)
OWNERS								
< 1940	7,199	20.03%	1,100	30.09%	1,882	16.08%	2,982	19.40%
1940 < 1960	21,317	59.31%	1,636	44.75%	7,752	66.24%	9,388	61.10%
1960 < 1980	7,426	20.66%	920	25.16%	2,069	17.68%	2,989	19.50%
Total Owner	35,942	47.49%	3,656	10.17%	11,703	32.56%	15,359	42.70%
		(of total)		(of owners)		(of owners)		(of owners)
TOTAL								
< 1940	13,381	17.68%						
1940 < 1960	37,431	49.46%						
1960 < 1980	24,870	32.86%						
Total	75,682	100.00%						

Of this susceptible pool of housing stock, national studies have estimated the proportions of units that will be found to have hazardous lead dust/particles associated with them. Those national norms were applied to the above to arrive at the information in Table 7.

No matter how the problem is measured, it is substantial. The City of Norfolk has a successful lead-poisoning and prevention program operated by the Norfolk Department of Public Health in connection with the Center from Disease Control for well over 30 years (1971) that is actively engaged in primary prevention of lead poisoning; that is, finding or addressing lead based paint hazards in homes with children.

TABLE 8. INCIDENCE OF HAZARDOUS LEAD ≥ 1.0 MG/SQUARE CENTIMETER

Time	Total	%
TOTAL SUSCEPTIBLE HOUSING		
< 1940	13,381	17.68%
1940 < 1960	37,431	49.46%
1960 < 1980	24,870	32.86%
Total	75,682	100.00%
ESTIMATED EXTERIOR LBP ≥ 1.0 MG/SQUARE CENTIMETER		
< 1940	10,571	13.97%
1940 < 1960	28,448	37.59%
1960 < 1980	10,445	13.80%
Total	49,464	65.36%
ESTIMATED INTERIOR LBP ≥ 1.0 MG/SQUARE CENTIMETER		
< 1940	8,029	10.61%
1940 < 1960	22,084	29.18%
1960 < 1980	10,197	13.47%
Total	40,310	53.26%
ESTIMATED EXTERIOR AND/OR INTERIOR LBP ≥ 1.0 MG/SQUARE CENTIMETER		
< 1940	12,043	15.91%
1940 < 1960	29,945	39.57%
1960 < 1980	15,419	20.37%
Total	57,407	75.85%